

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Reform America Fund		FEC IDENTIFICATION NUMBER ▼ C C00581934	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2016	

Full Name of Payee Nonbox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2016	
Mailing Address 5307 S 92nd St		Amount 3176.29	
City Hales Corners	State WI	Zip Code 53130-1677	Transaction ID : EFEF072A51C30423A9C9
Purpose of Expenditure Media Production	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016	
Name of Federal Candidate Feingold, Russ, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Nonbox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2016	
Mailing Address 5307 S 92nd St		Amount 29946.50	
City Hales Corners	State WI	Zip Code 53130-1677	Transaction ID : E2606BB8BBD594915A67
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Name of Federal Candidate Feingold, Russ, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33122.79
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pickens, Lorri, , ,

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016

Signature